



1623  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/033,835
		Filing Date	December 24, 2001
		First Named Inventor	Yunik Chang
		Group Art Unit	1623
		Examiner Name	Leigh C. Maier
Total Number of Pages in this Submission	50	Attorney Docket Number	HME/7679.0012

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input checked="" type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (identify below)  3 References submitted as attachments to Amendment

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Howard Eisenberg, Esq. 2206 Applewood Court Perkasie, Pennsylvania 18944
Signature	
Date	July 21, 2004

CERTIFICATE OF MAILING	
I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,	
<input checked="" type="checkbox"/> with sufficient postage as first class mail <input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____	
Type or print name	Howard Eisenberg
Signature	
Date	July 21, 2004



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

\$0

Complete If Known	
Application Number	10/033,835
Filing Date	December 24, 2001
First Named Inventor	Yunik Chang
Examiner Name	Leigh C. Maier
Art Unit	1623
Attorney Docket No.	HME/7679.0012

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account

Deposit Account Number

50-1773

Deposit Account Name

Howard Eisenberg

The Commissioner is authorized to:(check all that apply)

- Charge fees indicated below  Credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			\$0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-	Extra Claims	Fee from below	Fee Paid
67	-	0	x 18 =	0
8	-	0	x 86 =	0

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	*Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		\$0

\*\*or number of previously paid, if greater. For reissues, see above.

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee Code
1051	130
2051	65
1052	50
2052	25
1053	130
2053	130
1812	2,520
1812	2,520
1804	920*
1804	920*
1805	1,840*
1805	1,840*
1251	110
2251	55
1252	420
2252	210
1253	950
2253	475
1254	1,480
2254	740
1255	2,010
2255	1,005
1401	330
2401	165
1402	330
2402	165
1403	290
2403	145
1451	1,510
1451	1,510
1452	110
2452	55
1453	1,330
2453	665
1501	1,330
2501	665
1502	480
2502	240
1503	640
2503	320
1460	130
1460	130
1807	50
1807	50
1806	180
1806	180
8021	40
8021	40
1809	770
2809	385
1810	770
2810	385
1801	770
2801	385
1802	900
1802	900
Other fee (specify)	
* Reduced by Basic Filing Fee Paid	
<b>SUBTOTAL (3)</b>	
\$0	

SUBMITTED BY					
Complete if applicable)					
Name (print type)	Howard Eisenberg, Esq.	Registration No.	36,789	Telephone	(215) 453-9237
Signature		Date			July 21, 2004